

YouthWorks Student Ministries

Permission Slip / Medical Release / Waiver

Glad Tidings Church * 3001 S. Burlington Dr. * Muncie, IN 47302
(765) 288-7309

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____

Home Phone: _____

Person (s) to Notify:

_____ Phone: _____ Relationship: _____

_____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies or Medical Information: _____

I give my permission, as parent or legal guardian, for stated youth to attend and participate in the event listed below. I am aware that any damage to any property caused by my child will be my sole responsibility.

Whether local or out of town, in case of an emergency where medical treatment is required, I give the staff of Glad Tidings Assembly of God Church permission to obtain the services of a licensed physician. Please notify me immediately in such an incident.

In such an event or incident, I will not hold Glad Tidings, its members, or its staff directly or indirectly responsible and relieve them of all liability.

Insurance Information:

Company: _____

Group #: _____ Policy #: _____

Signed: _____ Date: _____

(Parent / Legal Guardian)

Event: _____

